RECEIVED
CENTRAL FAX CENTER

MAR 0 6 2006

Atty Docket No. 015114-069200US

PTO FAX NO.: 1-571-273-8300

ATTENTION:

Examiner Nelson C. Lam

Group Art Unit 2825

OFFICIAL COMMUNICATION

FOR THE PERSONAL ATTENTION OF

EXAMINER Nelson C. Lam

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Ketan Padalia et al., Application No. 10/716,309, filed November 17, 2003 for TECHNIQUES FOR GROUPING CIRCUIT ELEMENTS INTO LOGIC BLOCKS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1. Transmittal-1 Page
- 2. Fee Transmittal-In Duplicate
- 3. Petition for Extension of Time-In Duplicate
- 4. Amendment-12 Pages

Number of pages being transmitted, including this page: 18

Dated: March 6, 2006

Andrea S. Beck

PLEASE CONFIRM RECEIPT OF THIS PAPER BY RETURN FACSIMILE AT (415) 576-0300

TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, Eighth Floor San Francisco, CA 94111-3834 Telephone: 415-576-0200

Fax: 415-576-0300

421

2002/018

MAR 0 6 2006 PTO/SB/21 (09-04)

Application Number 10/716.309 **TRANSMITTAL** Filing Date November 17, 2003 FORM First Named Inventor Padalia, Ketan Art Unit 2825 Examiner Name Nelson C. Lam (to be used for all correspondence after initial filing) Attorney Docket Number 015114-069200US Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify **Extension of Time Request** Terminal Disclaimer below): **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD The Commissioner is authorized to charge any additional fees to Deposit Remarks Certified Copy of Priority Account 20-1430. Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Townsend and Crew LLP Signature Printed name Jonathan M. Hollander Date Reg. No. 48,717 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on March 6, 2006. Signature Andrea S. Beck Typed or printed name

MAR 0 6 2006

							i i i i i i					
Fees pursuant to the	Consolidated Appro	priations Act,	2005 (H.R. 4818).		- 1		te if Kno	wn				
FEE TRANSMITTAL				Application Num		10/716,309						
For FY 2006				Filing Date		November 17, 2003						
	First Named Inve		Padalia, Ketan									
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Nelson C. Lam						
			Art Unit		2825							
TOTAL AMOUNT OF PAYMENT (\$) 150				Attomey Docket	No.	015114-069200US						
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charg	e any additional	ee(s) or un	derpayments of fee	(s) 🖂								
✓ under 37 CFR 1.16 and 1.17 ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
information and authorization on PTO-2038.												
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)												
1. BASIC FILING		I D EXAM! ING FEES		RCH FEES	EV	NAINIAT	ON EEE	· c				
		Small Entity				.5						
Application Ty	pe Fee	\$) Fee (\$)	Fee	(\$) Fee (\$)	<u>Fe</u>	<u>e (\$) Fe</u>	<u>e (\$)</u>		Fees Paid (\$)			
Utility	300	150	500	250	2	00 1	00	_				
Design	200	100	100	50	1	30	65	_	.			
Plant	200	100	300	150	1	60	80	_				
Reissue	300	150	· 500	250	6	00 3	00	_				
Provisional	200	100	(0		0	0	_				
2. EXCESS CLA	IM FEES							<u>Sma</u>	ill Entity			
Fee Description	- 20 (including	- Daisanas	\				Fee (\$) 50	Ē	iee (\$) 25			
Each claim over Each independ							200		100			
Multiple deper	ing recisores)				360		180					
Total Claims	e Paid (\$) Multiple De			Depend	ient Claims							
	or HP = 3		\$50 =	\$150			Fee (\$)		Fee Paid (\$)			
HP = highest number of total dalms paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)												
2 -3 or HP = 0 x \$200 = \$0												
HP = highest number of independent claims paid for, if greater than 3												
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
- 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S)								Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge):												
SUBMITTED BY		27.										
Signature	2	yn_		Registration No. -(Attomey/Agent)	48,71	7	Teleph	one 4	415-576-0200			
Name (Print/Type)	Jonathan M. H	lollander		•			Date	3/6/	06			

MAR 0 6 2006

PTO/SB/17 (01-06)

		- 		- If Vnown							
Fees pursuant to the Co.	nsolidated Appropriations Act, 2005 (H.R. 48	18).	Complete If Known Application Number 10/716,309								
	RANSMITTAL	I ADDICATION NUME									
				November 17, 2003							
F	or FY 2006	First Named Inve		Padalia, Ketan Nelson C. Lam							
Applicant claims si	mall entity status. See 37 CFR 1.27	Examiner Name	_	U. Lain							
		Art Unit	2825								
TOTAL AMOUNT O	F PAYMENT (\$) 150	Attorney Docket	No. 015114-	069200US							
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
— Charge any additional fee(s) or undergayments of fee(s)											
IXIadaa 21	7 CFR 1.16 and 1.17 on this form may become public. Credit ca		any overpaymer to be included on the	ns is form. Provide	credit card						
information and authori	zation on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING,	SEARCH, AND EXAMINATION FE		CVALHLIATI	ION EEES							
	FILING FEES Small Entity	SEARCH FEES Small Entity	EXAMINATI Smaji	LEntity							
Application Type		Fee (\$) Fee (\$)	Fee (\$) Fe		Fees Paid (\$)						
Utility	300 150	500 250	200 1	00	_						
Design	200 100	100 50	130	65							
Plant	200 100	300 150	160	80							
Reissue	300 150	500 250	600 3	00							
Provisional	200 100	0 0	0	0							
2. EXCESS CLAIM	n FEES			<u>\$</u>	mall Entity						
Fee Description				Fee (\$)	Fee (\$)						
Each claim over	50 200	25 100									
	nt claim over 3 (including Reissue:	s)		360	180						
Multiple depend	Extra Claims Fee (\$)	Fee Paid (\$)		Multiple Depe	ndent Claims						
	or HP = 3 x \$50	= \$150		Fee (\$)	Fee Paid (\$)						
	total claims paid for, If greater than 20	5 - D-14 (6)	_								
Indep. Claims	Extra Claims Fee (\$) or HP = 0 x \$200	Fee Paid (\$) = \$0									
2 -3 or HP = 0 x \$200 = \$0 HP = highest number of independent claims paid for, if greater than 3											
3 APPLICATION	SIZE FEE										
If the specification	and drawings exceed 100 sheets	of paper (excluding e	lectronically fi	led sequence	or computer						
listings under	37 CFR 1.52(e)), the application si	ize fee due is \$250 (\$	125 for small of	entity) for eac	ch additional 50						
	ion thereof. See 35 U.S.C. 41(a)(1	(G) and 37 CFR 1.1	6(s).	est Ess (\$)	Eng Baid (\$)						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =											
	100				Fees Paid (\$)						
4. OTHERT EL(0)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge):											
SUBMITTED BY											
Signature	1 7m	Registration No. (Attorney/Agent)	48,717	Telephone	415-576-0200						
	Jonathan M. Hollander	(nume)mgant)		Date 3/	3/06						
realite (Printe Type)	Midulan W. Aukanudi				700						